Complete and send this m, together

PART B - FEE(S) TRANSMITTAL

applicable fee(s), to: Mail Mail Stop ISSULFEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

| NSTRUCTIONS: This appropriate. All further ndicated unless correct maintenance fee notifica | form should be used correspondence ficted of the below or directed of tions. | for committing the ISS he in Patent, advance of herwise in Block 1, by | UE FEE and PUBLICA orders and notification of (a) specifying a new corr | TION FEE (if requirements of maintenance fees very espondence address | ired). Bloc will be mai ; and/or (b | cks 1 through 5 sliled to the current) indicating a sepa | hould be completed where correspondence address as trate "FEE ADDRESS" for |
|---|--|---|--|---|---|---|---|
| CURRENT CORRESPOND | ENCE ADDRESS (Note: Use B | Fo | c(s) Transmittal. Th | is certificat | te cannot be used f | r domestic mailings of the or any other accompanying nt or formal drawing, must | |
| 000881 | 7590 10/18 | 3/2006 | IIa | | _ | | |
| 1199 NORTH F SUITE 900 | RBISON PLLC AIRFAX STREET | . I I St ad tra | Cer nereby certify that the ates Postal Service values dressed to the Mai insmitted to the USP | tificate of his Fec(s) T with suffici I Stop ISS TO (571) 2 | Mailing or Transu Transmittal is being ent postage for firs SUE FEE address 273-2885, on the da | mission g deposited with the United it class mail in an envelope above, or being facsimile ate indicated below. | |
| ALEXANDRIA | , VA 22314 | | ٦ | • | | | (Depositor's name) |
| | | | | | | | (Signature) |
| | | | | | | | (Date) |
| APPLICATION NO. FILING DATE | | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO CONFIRMATION NO. | | |
| 10/761,422 TILE OF INVENTION | 01/22/2004 : COMPLIANT SPACE | R | Keith Bryden Fitzsimor | n Fitzsimons P08157US00/MP 1424 | | | |
| | | | | 01/19/20 | 197 HNARI | Z12 00000055 1 | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSU | TO TEE T | TOTAL FEE(S) DUE | 1460.68 OP 3000007EUPUE |
| nonprovisional | NO | \$1400 | \$300 | \$0 | | \$1700 | 01/18/2007 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | _] | | | |
| DINH, TIEN QUANG 3644 | | | 267-161000 | | | | |
| FR 1.363). Change of corresponderess form PTO/SE "Fee Address" indi- | ence address or indication ondence address (or Cha 8/122) attached. ication (or "Fee Address 2 or more recent) attach | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | |
| . ASSIGNEE NAME A | ND RESIDENCE DATA | A TO BE PRINTED ON | THE PATENT (print or t | ype) | | | |
| PLEASE NOTE: Unl recordation as set fort | ess an assignee is ident h in 37 CFR 3.11. Comp | | data will appear on the of a substitute for filing an | patent. If an assign assignment. | | | ocument has been filed for |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| Westland | Helicopters | Limited | United K | ingdom | | | |
| lease check the appropri | ate assignee category or | categories (will not be p | rinted on the patent): | Individual 🛚 Co | orporation o | or other private gro | up entity Government |
| a. The following fec(s) a Issue Fec Publication Fee (N Advance Order - # | o small entity discount p | b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-0555 (enclose an extra copy of this form). | | | | | |
| | us (from status indicated | | | | - | | |
| OTE: The Issue Fee and | SMALL ENTITY statu | uired) will not be accente | b. Applicant is no lo | nger claiming SMAI | LL ENTITY | Y status. See 37 CF | R 1.27(g)(2). c assignce or other party in |
| terest as shown by the r | ecords of the United Sta | tes Patent and Prademan | Office. | —————————————————————————————————————— | Sicred altor | mey or agent; or the | e assignce or other party in |
| Authorized Signature | Maria | " left | | Date Jan | nuary | 18, 2007 | 7 |
| Typed or printed name | | | - | Registration N | | 22752 | |
| his collection of information application. Confident application. Confident application the completed is form and/or suggestion 1450. Alexandric Victoria 1450. | ation is required by 37 C iality is governed by 35 application form to the ons for reducing this but included a 22212 1450 Dec | FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the | on is required to obtain or 1.14. This collection is expending upon the indice Chief Information Office | retain a benefit by the stimated to take 12 revidual case. Any cover, U.S. Patent and | he public w ninutes to o mments on Trademark | which is to file (and complete, including the amount of time Office, U.S. Department | by the USPTO to process) g gathering, preparing, and ge you require to complete rtment of Commerce, P.O. |

Th an su thi Box 1450, Alexandria, Virginia 22 Alexandria, Virginia 22313-1450. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.